

Women/Maternal Health

State Action Plan Table (Tennessee) - Women/Maternal Health - Entry 1

Priority Need

Improve utilization of preventive care for women of childbearing age.

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

Increase the percentage of TN women of reproductive age who have had a preventive health care visit in the past year.

Strategies

Increase general awareness of the importance of preventive health care visits for women of childbearing age.

Engage primary care providers on the importance of promoting preventive health care for women of childbearing age.

Continue to provide high-quality women's health services through local health departments in all 95 counties.

Provide pregnancy-related services to women of childbearing age.

ESMs

Status

ESM 1.1 - Create pre/posttests to assess provider knowledge of and confidence using PATH (Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention). Active

ESM 1.2 - Percent of family planning encounters that occur via telehealth Active

ESM 1.3 - Number of women receiving patient navigation for women's health services Active

ESM 1.4 - Percent of birthing hospitals receiving training by TIPQC or THA Active

ESM 1.5 - Percent of birthing hospital providers trained reporting a change in knowledge Active

ESM 1.6 - Percent of non-clinical members participating in the action group Active

ESM 1.7 - Percent of postpartum women with positive screenings for depression (using a validated screening tool) who will receive resources/education or referrals for professional services Active

ESM 1.8 - Percent of recommendations with who/what/when components Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Tennessee) - Women/Maternal Health - Entry 2

Priority Need

Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children).

NPM

NPM 14.1 - Percent of women who smoke during pregnancy

Objectives

Decrease smoking among pregnant women.

Strategies

Collaborate with Tobacco Prevention and Control staff to promote the Tennessee Tobacco QuitLine.

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Tennessee) - Women/Maternal Health - Entry 3

Priority Need

Improve utilization of preventive care for women of childbearing age.

Objectives

Decrease the percentage of live births that were the result of an unintended pregnancy.

Strategies

See strategies and ESMs related to this SPM listed under State Action Plan Table - Women's/Maternal Health - Entry 1.

Perinatal/Infant Health

State Action Plan Table (Tennessee) - Perinatal/Infant Health - Entry 1

Priority Need

Reduce infant mortality.

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

Decrease the rate of infant death.

Strategies

Educate parents and caregivers on safe sleep.

Review infant deaths through multidisciplinary teams to enhance data collection.

Support quality improvement and regionalization efforts to improve perinatal outcomes.

Provide follow-up for abnormal newborn screening results.

Reduce unintended pregnancies.

ESMs

Status

ESM 5.1 - Percent of hospitals receiving national recognition or implementing approved safe sleep policy

Active

ESM 5.2 - Number of diaper bags with safe sleep educational materials distributed

Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Tennessee) - Child Health - Entry 1

Priority Need

Increase the number of infants and children receiving a developmental screen.

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

Increase percent of Tennessee children ages 10 months to 5 years will be screened for developmental, behavioral, and social delays, as measured using a parent completed screening tool.

Strategies

Increase general awareness among parents and caregivers of the need for developmental screening.

Encourage and support providers to integrate developmental screening as a part of routine care.

Explore opportunities for incorporating developmental screening into settings outside of primary care.

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Tennessee) - Child Health - Entry 2

Priority Need

Reduce the burden of injury among children and adolescents.

NPM

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Objectives

Reduce hospitalization rates for unintentional injuries among children age 0-9.

Strategies

Promote the use of child safety seats.

Promote safe storage of medications.

Provide injury prevention education to parents and caregivers.

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Tennessee) - Child Health - Entry 3

Priority Need

Reduce the number of children and adolescents who are overweight/obese.

NPM

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Objectives

Reduce the percentage of students in grades K-8 identified as overweight/obese.

Strategies

Continue the Gold Sneaker voluntary recognition program for licensed childcare centers (recognizing that overweight/obese preschoolers are more likely to grow up to be overweight/obese children).

Increase support for breastfeeding initiation and duration (recognizing the impact of breastfeeding on long-term overweight/obesity risk for children).

Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.

ESMs

Status

ESM 8.1.1 - Percent of physical education teachers receiving professional development related to 50% of PE class time spent in moderate to vigorous physical activity Active

ESM 8.1.2 - Percentage of TN counties in which trainings related to mental health and physical health have occurred Active

ESM 8.1.3 - Number of Gold Sneaker certified childcare facilities Active

ESM 8.1.4 - Percent of LHD primary care clinics writing HPHP prescriptions annually Active

ESM 8.1.5 - Number of Healthy Parks Healthy Person prescriptions written Active

ESM 8.1.6 - Percentage of TN counties with completed built environment projects Active

ESM 8.1.7 - Percent of eligible venues offering the Double Up Food Bucks Program Active

ESM 8.1.8 - Percent of staff with an increase in ACEs and TIC knowledge as evidenced by post training evaluation Active

ESM 8.1.9 - Percent of families with improved protective factors score Active

ESM 8.1.10 - Percent of families enrolled in CHANT care coordination who partially or fully complete pathways identified Active

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

State Action Plan Table (Tennessee) - Child Health - Entry 4

Priority Need

Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children).

NPM

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes

Objectives

Decrease exposure to tobacco among children.

Strategies

Continue the Gold Sneaker voluntary recognition program for licensed childcare centers (one of the policy areas is promotion of tobacco-free child care campuses).

Refer participants in federally-funded programs to smoking cessation services where appropriate.

ESMs

Status

ESM 14.2.1 - Number of tobacco-free sports teams

Active

ESM 14.2.2 - Number of social media posts promoting text-based cessation services

Active

ESM 14.2.3 - Number of anti-tobacco social media posts

Active

ESM 14.2.4 - Number of youth who attend the state anti-tobacco conference trainings

Active

ESM 14.2.5 - Number of ambassadors recruited

Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

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NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Tennessee) - Child Health - Entry 5

Priority Need

Reduce the number of children exposed to adverse childhood experiences.

Objectives

Reduce the percentage of Tennessee children age 0-17 experiencing two or more adverse childhood experiences.

Strategies

Increase general awareness of adverse childhood experiences (ACEs) in the community.

Collect Tennessee-specific data on ACEs and utilize that data to inform program and policy decisions.

State Action Plan Table (Tennessee) - Child Health - Entry 6

Priority Need

Reduce the number of children and adolescents who are overweight/obese.

Objectives

Increase percentage of infants born to Tennessee resident mothers who initiate breastfeeding.

Strategies

See strategies and ESMs related to this SPM listed under State Action Plan Table - Child Health - Entry 3.

Adolescent Health

State Action Plan Table (Tennessee) - Adolescent Health - Entry 1

Priority Need

Reduce the burden of injury among children and adolescents.

NPM

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Objectives

Reduce hospitalization rates for unintentional injuries among adolescents age 10-19

Strategies

Increase implementation of evidence based or evidence informed activities related to motor vehicle safety in schools.

Increase awareness of proper storage and disposal of medications.

Increase general awareness of the causes of adolescent hospitalizations due to falls.

Increase awareness of the signs and risk factors of suicide attempts.

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Tennessee) - Adolescent Health - Entry 2

Priority Need

Reduce the number of children and adolescents who are overweight/obese.

NPM

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Objectives

Reduce the percentage of students in grades 9-12 identified as overweight/obese.

Strategies

Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Children with Special Health Care Needs

State Action Plan Table (Tennessee) - Children with Special Health Care Needs - Entry 1

Priority Need

Increase the number of children (both with and without special health care needs) who have a medical home.

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

Increase the percent of children age 0-17 years (with and without special healthcare needs) having a medical home.

Strategies

Support primary care providers in implementing a medical home approach to care.

Increase general awareness of the importance of a medical home approach to care.

Link families to medical homes through Children's Special Services, Tennessee's MCH/Title V CYSHCN program.

ESMs

Status

ESM 11.1 - Number of CYSHCN who receive CHANT/CSS care coordination

Active

ESM 11.2 - Percent of providers adopting medical home approach

Active

ESM 11.3 - Percent of providers reporting increased knowledge on systems of care

Active

ESM 11.4 - Number of families provided education and resources on importance of medical home access and utilization

Active

ESM 11.5 - Number of families receiving referrals to their child's primary care provider

Active

ESM 11.6 - Percent of providers who report an increase in their knowledge of available resources

Active

ESM 11.7 - Percent of families who report an increase in access and utilization of resources

Active

ESM 11.8 - Percent of CHANT families who schedule an annual visit with their child's primary care provider

Active

ESM 11.9 - Percent of CYSHCN receiving CHANT care coordination who receive medical home education

Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Tennessee) - Children with Special Health Care Needs - Entry 2

Priority Need

Increase the number of children (with and without special healthcare needs) who receive services necessary to make transitions to adult care.

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

Increase the number of children (with and without special healthcare needs) who receive services necessary to make transitions to adult health care.

Strategies

Identify adult medical home practices to provide care for youth and young adults with special health care needs.

Incorporate health care transition planning into written plans of care for children with special health care needs.

Support youth participation in the transition process.

ESMs

Status

ESM 12.1 - Number of transition resource kits disseminated

Active

ESM 12.2 - Number of youth with special health care needs trained as mentors

Active

ESM 12.3 - Number of parents and youth with special health care needs who receive leadership and self-advocacy training

Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system